



Komen Chicagoland Area Grant Writing Workshop |
2016

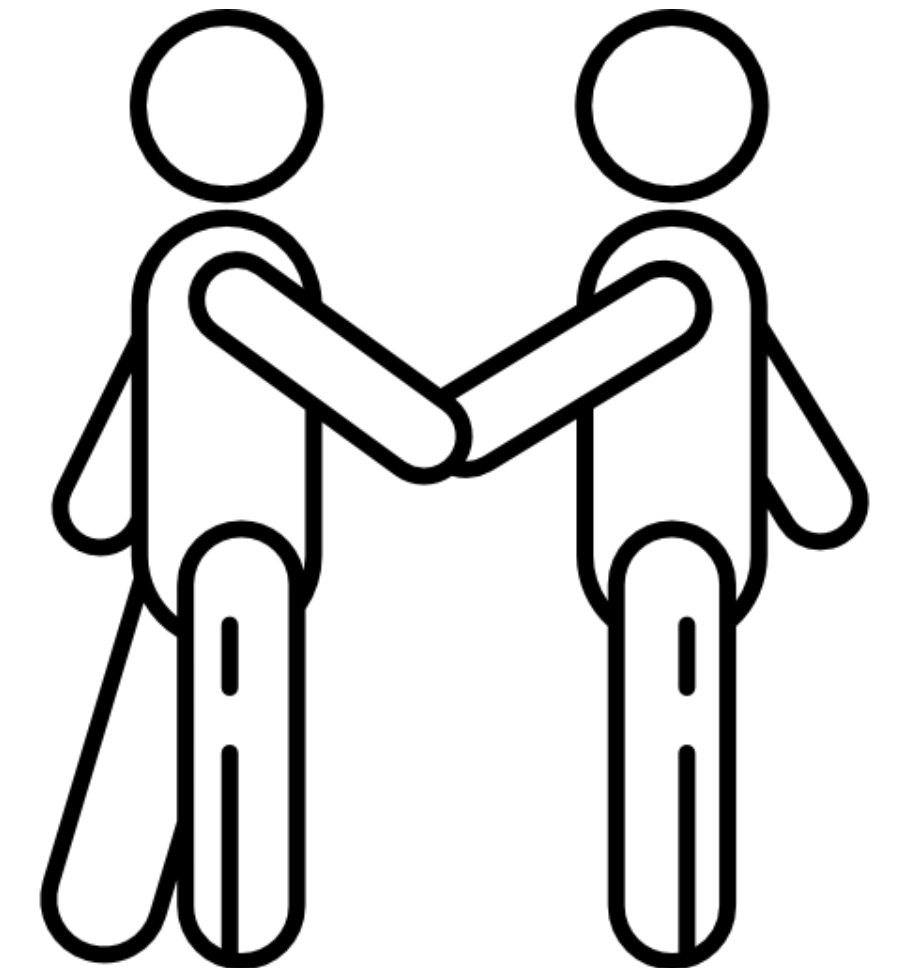
Agenda and Objectives

- 1. Introductions**
- 2. Background**
- 3. Overview of the community grants process**
- 4. Community Profile and funding priorities**
- 5. Request for Applications**
- 6. Grant writing tutorial**



Introductions

- Name
- Organization
- Brief description of services and proposed grant program



Workshop Goals

IMPROVE

applicants ability to submit a quality, responsive application

CREATE

new relationships with other community organizations

ENCOURAGE

collaboration between organizations



About Susan G. Komen

- World's largest breast cancer organization
- Funded more than **\$889 million** in research and provided **\$1.9 billion** in funding to screening, education, treatment and psychosocial support programs
- Founded by **Nancy G. Brinker**



About Susan G. Komen Chicago

- Established in 1997
- Has contributed over **\$16 million** for breast cancer education, screening, and treatment.
- Has contributed over **\$4 million** to global research.

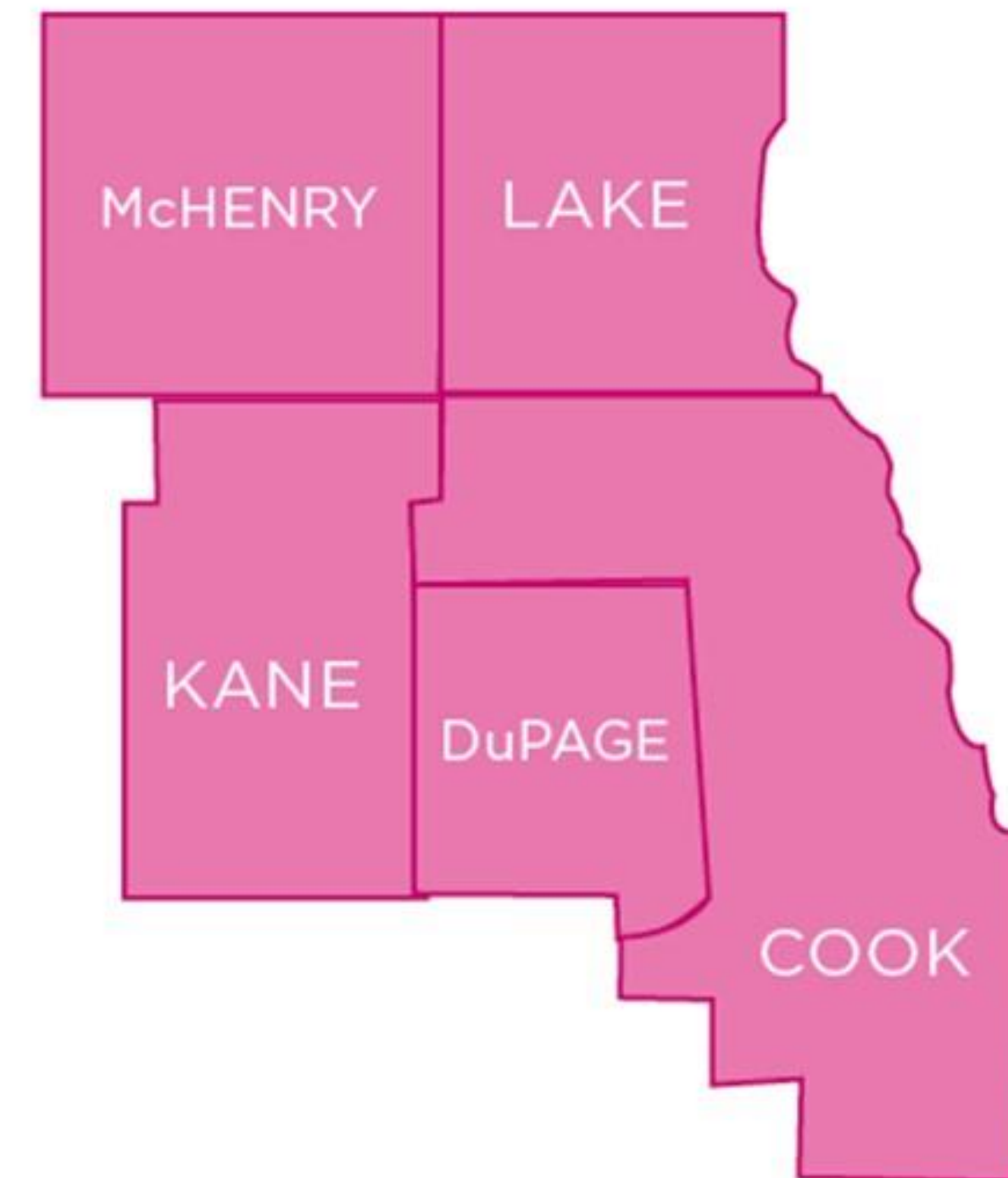


Komen Chicago Service Area

Service area includes:

- Cook County
- DuPage County
- Kane County
- Lake County
- McHenry County

OUR REACH 5 COUNTIES SERVED

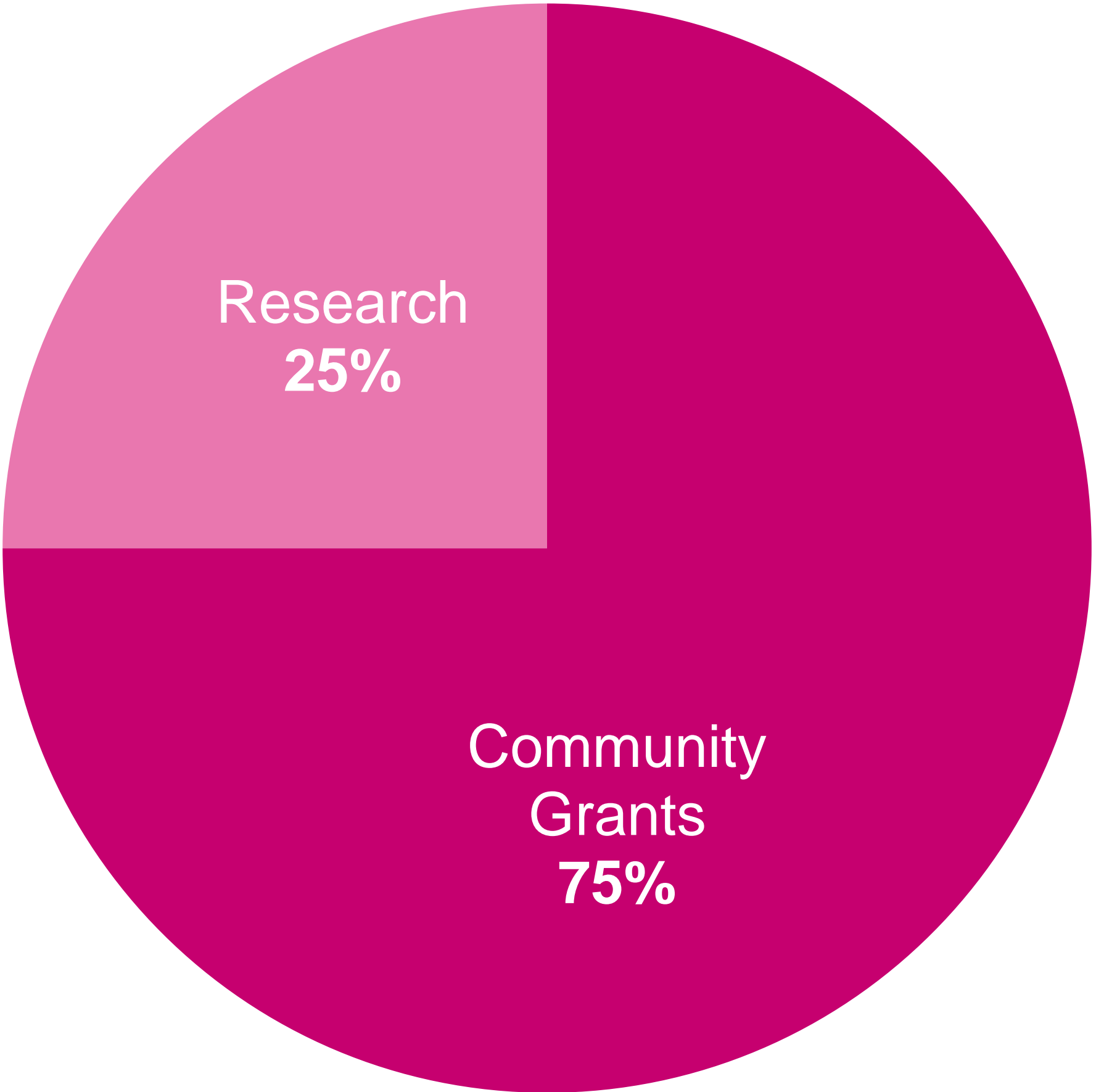




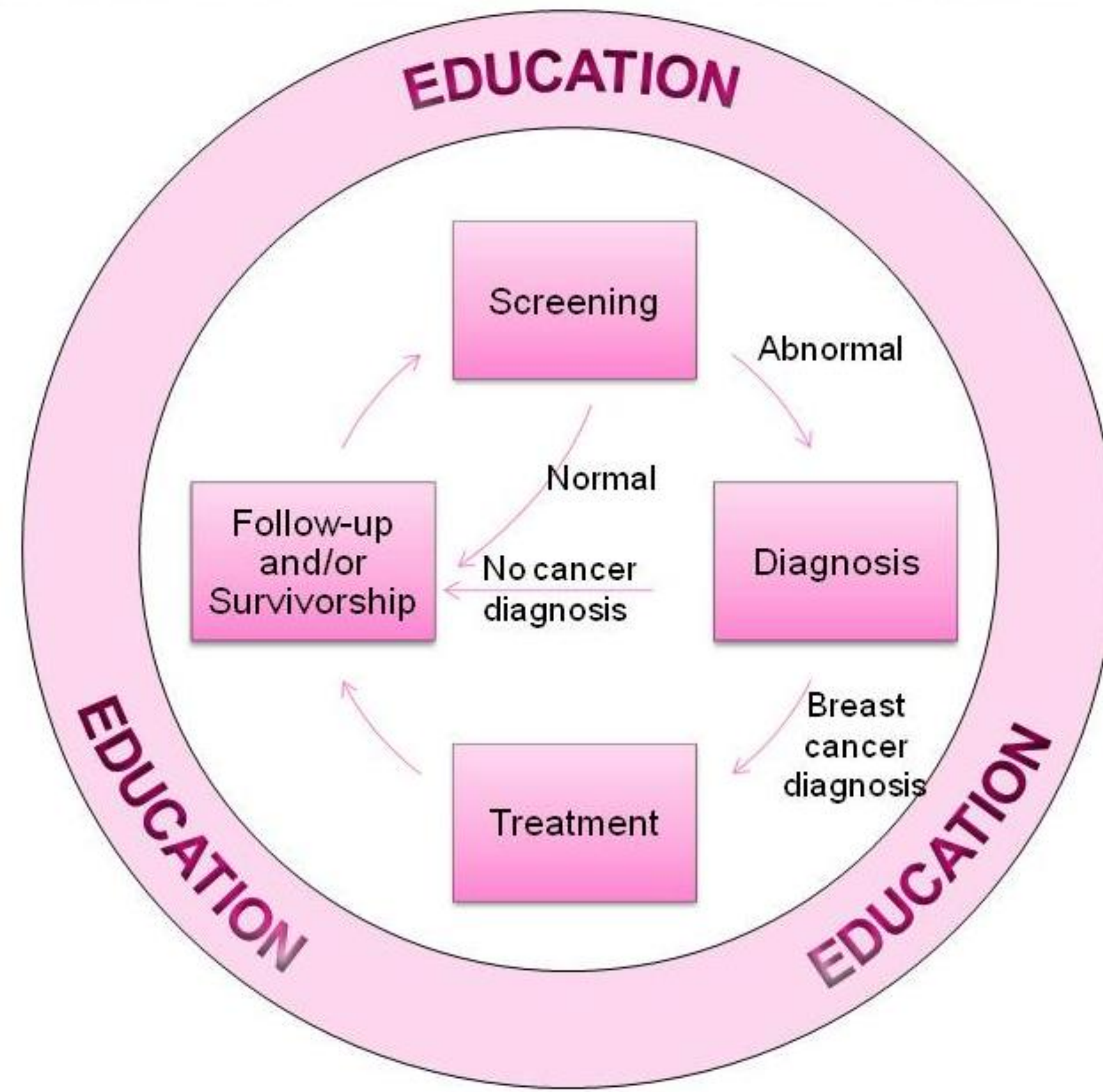
Overview of the Community Grants Process



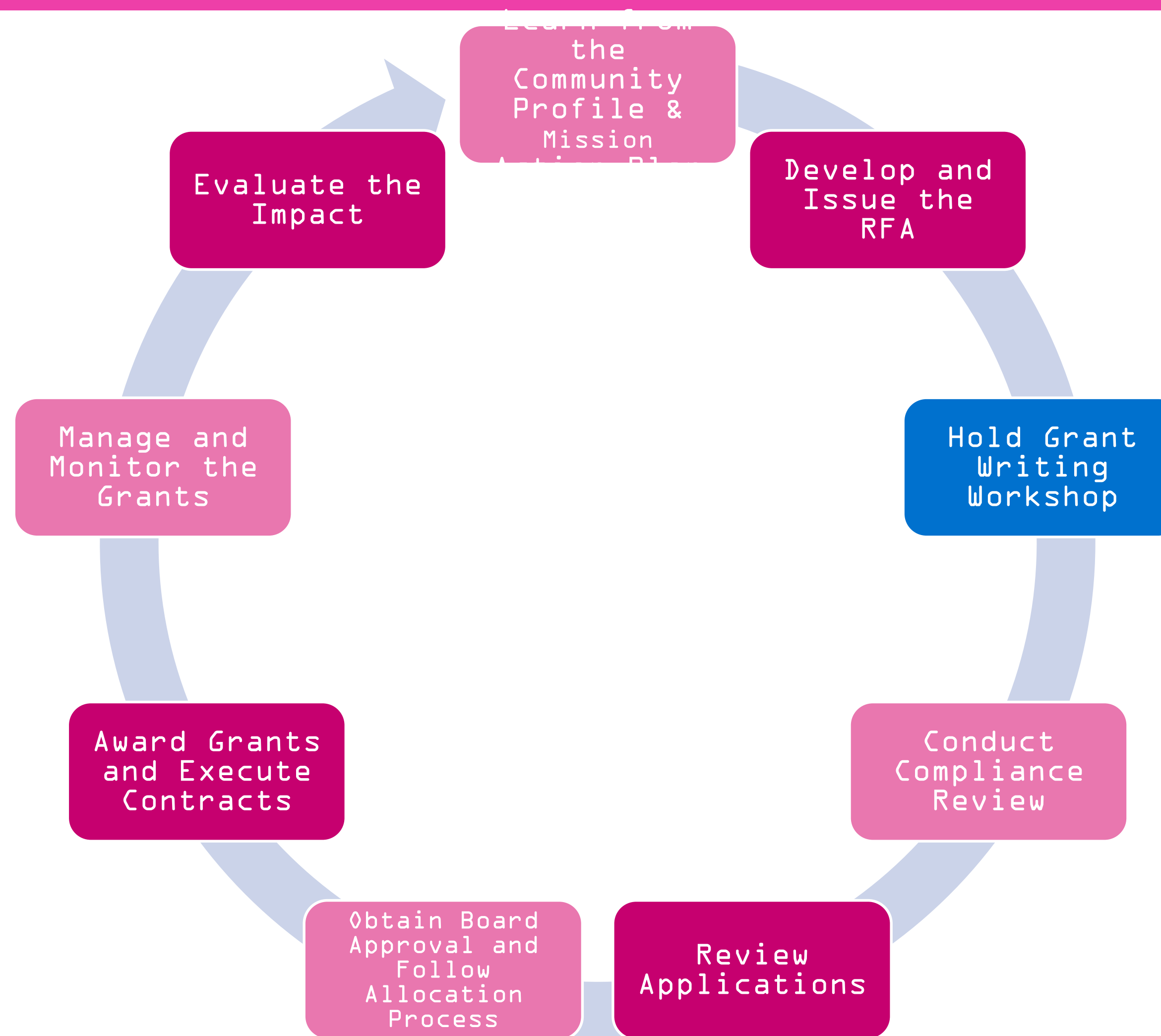
How Affiliate Funds are Distributed



Breast Cancer Continuum of Care (CoC)



Affiliate Community Grants Process Overview



Important Dates

Action	Date
[Last day to begin a grant application]	November 21, 2016 (5:00pm)
Grant application deadline	November 28, 2016 (5:00pm)
Grant applications reviewed by peer review panel	December 13, 2016- January 13, 2016
Grant slate approved by Affiliate Board of Directors	February 2017
Grantees notified	By March 30, 2017
First check issued upon execution of contract	Within 30 days of signed contract
Six-month progress report due, second payment issued upon receipt and formal acceptance of six month progress report	October 6 th , 2017
Site visits	July 2017- February 2018
Deadline to request a no-cost extension	March 1, 2018
Final report and return of any unspent funds due	April 20, 2018



Community Profile

WHAT?

An assessment of breast cancer and breast health services

WHY?

To ensure effective and targeted efforts

HOW?

Rigorous collection and analysis of data



Community Profile – Affiliate Target Communities

- The findings from the 2015 Komen Chicagoland Community Profile revealed there are many areas and populations in Cook and McHenry Counties that are disproportionately affected by breast cancer. Based upon the breast cancer mortality rate, late stage diagnoses projections, the percentage of uninsured female aged 18-64, and the socioeconomic challenges experiences in these areas, Komen Chicagoland has identified the following geographic priorities:
 - Cook County
 - McHenry County





Request for Applications (RFA)



Funding Priorities & Statement of Need

Priority 1

To increase access to breast cancer screening, diagnostics and treatment by reducing financial barriers for uninsured and under-insured populations. All programs must encompass appropriate education services. Applicants must explain how their programs plans to address education.

Note: Priority populations include (in no particular order): Hispanic/Latina; African American/Black; Low-income

Priority 2

Increase culturally relevant breast health education and awareness in uninsured and under-insured populations through the usage and/or in partnerships with community-based navigation programs.

Note: Programs that only address awareness/education only programs will not be considered. Direct services must be provided and tracked.

Priority 3

Build capacity for the continuum of breast health care with the goal of creating continuity between education, navigation, screening, diagnostic, treatment and treatment support programs.



Eligibility Requirements

- **Non-profit organization with 501(c)3 status or a local/state government** serving:
 - Cook County
 - DuPage County
 - McHenry County
 - Kane County
 - Lake County
- **Specific to breast health and/or breast cancer and address the priorities** identified in the Affiliate's 2015 Community Profile
- Organization is in "Good Standing" with the Affiliate
- Free of conviction of fraud or crime involving financial or administrative impropriety since [one year prior to submission deadline]

Eligibility requirements must be met at the time of application submission



Allowable Expenses

- Salaries and fringe benefits for project staff
- Consultant fees
- Clinical services or patient care costs
- Meeting costs
- Supplies
- Reasonable travel costs related to the execution of the program
- Other direct program expenses
- Equipment, not to exceed \$5,000 total, essential to the breast health-related project to be conducted
- Indirect costs, not to exceed 10 percent of direct costs



Funding Restrictions

Funds may NOT be used for the following purposes:

- **Research**
- **Education regarding breast self-exams/use of breast models**
- **Development of educational materials or resources**
- Construction or renovation of facilities
- Political campaigns or lobbying
- **General operating funds (in excess of allowable indirect costs)**
- Debt reduction
- Fundraising
- **Education via mass media**
- Event sponsorships
- Projects completed before the date of grant approval
- Payments/reimbursement made directly to individuals
- Land acquisition
- Program-related investments/loans
- Scholarships
- Thermography



Important Granting Policies

- The project must occur between April 1, 2017 to March 31, 2017
- No expenses may be accrued against the grant until the contractual agreement is fully executed
 - The contracting process can take up to six weeks
- Grant payments will be made in installments pending compliance with grant agreement and receipt of satisfactory progress reports
- Grantee may request one no cost extension of no more than six months per grant



Important Granting Policies – Insurance Requirements

- If awarded, certain insurance coverage must be demonstrated through a **Certificate of Insurance (COI)** at the execution of the grant agreement.
- Grantee is required at minimum to hold:

Coverage Type	Minimum Limits
Commercial General Liability	\$1,000,000 per occurrence \$2,000,000 in the aggregate
Workers Compensation	\$1,000,000
Excess/Umbrella	\$5,000,000
Automobile Liability*	\$1,000,000
Medical Malpractice Coverage**	\$1,000,000 per occurrence \$3,000,000 in the aggregate

*if providing transportation services

** if providing direct medical services



Submission Requirements

- All proposals must be submitted online through the Komen Grants e-Management System (**GeMS**)
 - AffiliateGrants.Komen.org
- Applications must be received on or before **November 28, 2016 (5:00pm cst)**
- **No late submissions will be accepted**
- Remember submission is a **two step process**



Educational Materials

- We only fund programs that use educational messages and materials that are consistent with Komen messages
- Please visit the following webpage before completing your application and be sure that your organization can agree to promote these messages:
ww5.komen.org/BreastCancer/BreastSelfAwareness.html
- Komen will not fund education programs that teach or endorse the use of monthly breast self-exams or use breast models



Project Narrative

- Statement of Need
- Project Design
- Organization Capacity
- Monitoring and Evaluation
- Addressing Affiliate Priority Area



Project Narrative – Statement of Need

- Evidence of risk/need within the identified population based on the:
 - RFA Funding Priorities
 - Community Profile
- **Population characteristics** of the target population
 - Race
 - Ethnicity
 - Economic status
 - Breast cancer statistics
- Describe how program aligns with the Affiliate's target communities and/or funding priorities



Project Narrative - Project Design

- Explain the project's **overall goal and objectives** and how they align with the Affiliate's stated priorities
- Describe in detail the project activities
- How will the project increase the percentage of people entering, remaining in, and progressing through the **Continuum of Care**
- Explain how program is designed to meet the needs of specific communities:
 - Cultural and societal beliefs
 - Values
 - Priorities of each community
- Explain if and how the project is **evidence-based**
- Describe project **collaborations**:
 - How they strengthen the project
 - Why collaborators are best suited for the project



Project Narrative – Organization Capacity

- Explain why your organization and staff are best suited to lead the program
- Describe successes delivering breast health services to the proposed population
- Resources your organization possesses to implement the program
- Fiscal capability to manage the delivery of the proposed goal and objectives
- Current financial state and internal controls for management of grant dollars
- **Sustainability plan** to secure and allocate resources following the conclusion of the grant period



Project Narrative – Monitoring and Evaluation

- How will you measure progress toward goal and objectives
- How will you assess the effect the program had on selected priorities
- How will you assess program delivery
- Describe the monitoring and evaluation resources and expertise at your organization

Include documentation as appropriate – surveys, logic models, templates, etc.,



Monitoring and Evaluation

Grantees will be required to report on the following outputs and outcomes in the progress and final reports:

- Successes and accomplishments
- Challenges
- Lessons learned
- Promising practice example
- A **compelling story** from an individual that was served with Komen funding
- Number of individuals served through Komen funding **for each objective**
 - County, race and ethnicity, age and population group



Project Narrative – Addressing Affiliate Priority Areas

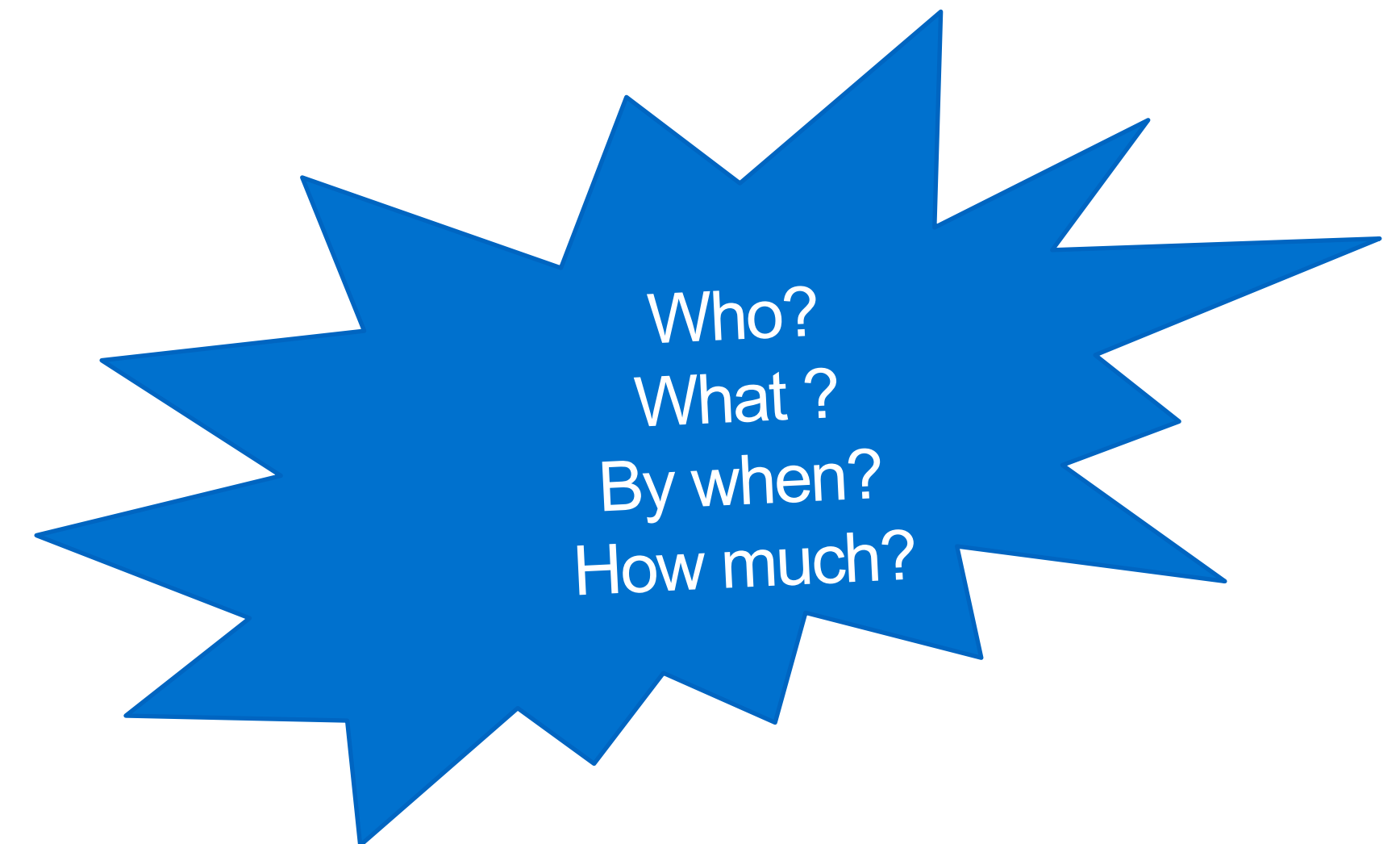
- Is the program being administered in the **City of Chicago** or **McHenry County**?

*Komen Chicago will accept applications and award grants for programs outside of McHenry County and the City of Chicago



Project Work Plan

- **Goal** - high level statement that provides overall context for what the program is trying to achieve
 - Each program will have one goal
- **Objectives** - specific statements that describe what the program is trying to achieve to meet the Goal. An objective should be evaluated at the end of the program to establish if it was met or not.
 - No limit to the number of objectives, must have one
 - Objectives must be:
 - Specific
 - Measurable
 - Attainable
 - Realistic
 - Time-bound



Project Work Plan - Example

Goal: Provide patient navigation to women with screening abnormalities in order to reduce delays in and barriers to diagnostic care.

Objective 1: During grant period, patient navigator will contact all women with an abnormal screening within three business days to schedule follow-up appointment.

- Who? Women with an abnormal screening
- What? Patient navigator will contact to schedule follow-up appointment
- By when? Within three business days
- How much? All women with an abnormal screening

Objective 2: By end of grant period, provide 30 uninsured/underinsured women free/reduced cost diagnostic procedures.

- Who? Uninsured/underinsured women
- What? Free/reduced cost diagnostic procedures
- By when? End of grant period
- How much? 30 women



Key Personnel / Salaries

- Name
- Job Title
- Role on Project
- Attach Resume/Job Description
- Attach job description for vacant positions
- Total Salary
- Benefits
- % of Salary on Project
- Total



Budget – Consultants/Sub-Contracts

- **NEW THIS YEAR!** Consultants/Sub-Contracts are combined into one page

CONSULTANTS/SUB-CONTRACTS

Consultants/Sub-contracts: This section should be completed if your program requires a third party to assist with or carry out a portion of the project.

- Consultants are persons or organizations that offer specific expertise not provided by staff and are usually paid by the hour or day.
- Sub-contracts include any organization with which your program will have a contractual agreement or partnership. Subcontractors have substantive involvement with a specific portion of the project, often providing services not provided by your organization.


Direct Patient Care services, even if subcontracted, should not be included in this section; those funds should be included in the Patient Care budget section.

Once you have filled out the form below, please make sure you click the save button or no information will be saved. If you are working on the page and need to close the window, make sure you click the save button or none of the information will be saved. If you click the check global errors button your page will not be saved. If you would like to check the entire application for global errors please save the information and then click check global errors.

All fields with a red asterisk are required fields.

If you need more fields to properly complete the section, please complete all fields that are available and click the save button. More fields will then be available for you to add items to this section.

If your organization plans to contract with a consultant at a project rate instead of hourly, please break the project rate down to an hourly rate using your best assumption or information provided by the consultant.

Name of Consultant	Agency Affiliation 	Hourly Rate	# of Hours	Total
				Totals:

Sub-Contract Name	Total
Total:	



Budget – Patient Care

This section includes all services for patient care **including survivorship support**

Other Patient Care	
Other patient care costs including for survivorship support (symptom management, psychosocial issues, reproductive issues, etc.)	
Wigs	\$100
Lymphedema Bandages	\$200
Breast Prosthetics	\$100
Support Group Facilitator x	\$500
Other Patient Care Total:	\$518
Transportation	
Transportation cost for a patient related directly to receiving a patient care service; screening, diagnostic, and treatment.	
Cab Fare	\$40.00
Bus Passes	\$15.00



Budget – Project Budget Summary

	Requested from Komen			Total Required
		Cash	In Kind	
Salaries and Fringe				
Consultant Costs				
Supplies				
Travel				
Patient Care Costs				
Screening				
Diagnostics				
Treatment				
Other				
Transportation				
Subcontracts				
Other				
Subtotal – Direct Costs				
Indirect Costs				
Total:				



Supporting Documents

The following attachments are required at the time of submission per the RFA:

Attachment	GeMS Page
[Letters of Support or Memoranda of Understanding]	Project Profile
Resumes/Job Descriptions	Key Personnel/Salaries
Proof of Tax Exempt Status	Project Budget Summary

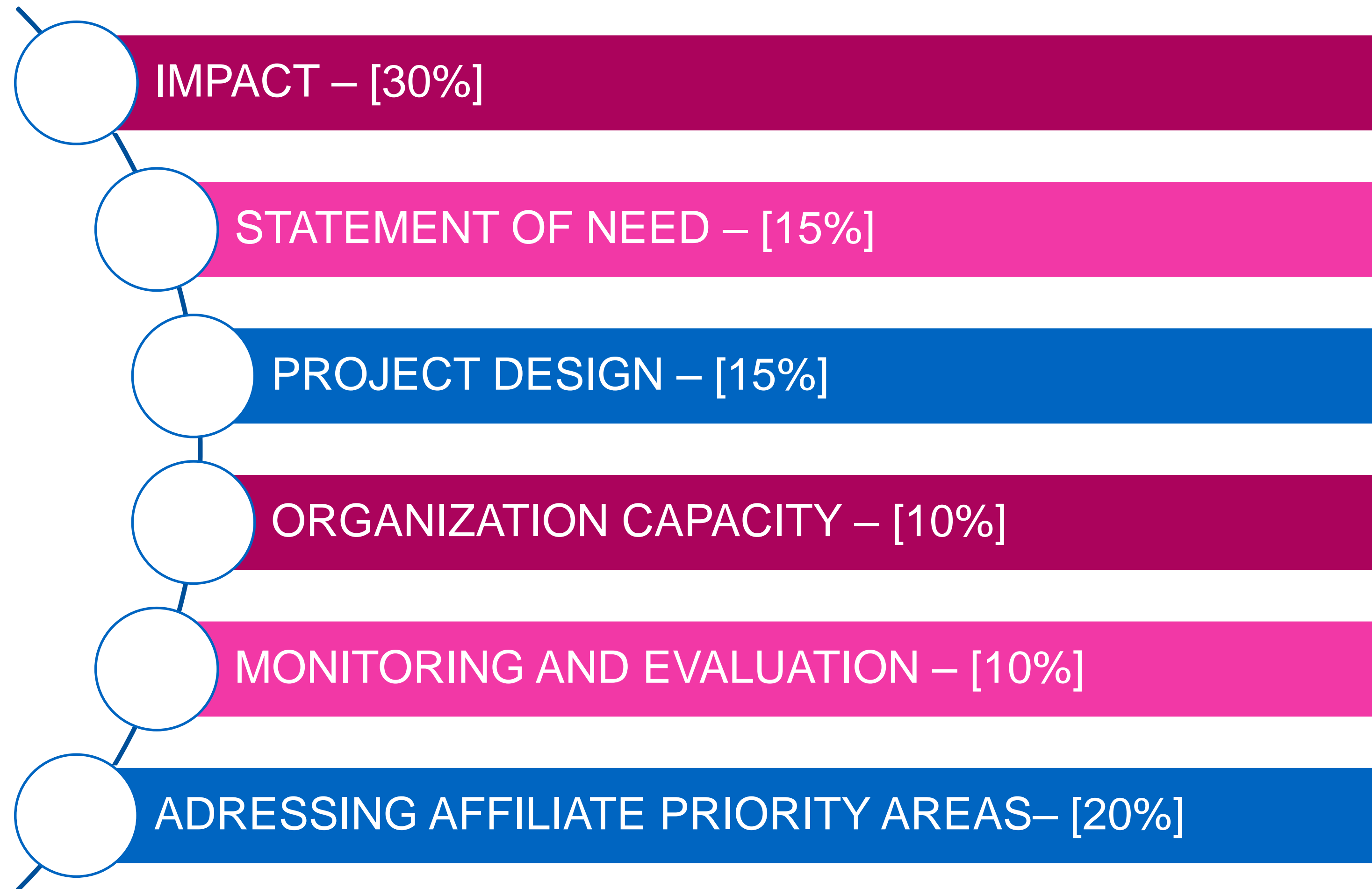




The Review Process



Review Criteria



Scoring Anchors

7	Exceptional	Very strong with no weaknesses identified
6	Excellent	Very strong with a few minor weaknesses identified
5	Good	Strong with at least one moderate weakness identified
4	Satisfactory	Some strengths and several moderate weaknesses identified
3	Fair	A few strengths and at least one major weakness identified
2	Marginal	Very few strengths and a few major weaknesses identified
1	Poor	No strengths and several major weaknesses identified



Review Process

- **Compliance review** by Affiliate staff and/or Grants Committee
- **Peer Review Panel**
 - **Experts** recruited by the Affiliate
 - Composed of diverse individuals and may include:
 - Patient navigators
 - Medical professionals serving your Target Areas
 - Public health officials
 - Academics/educators
 - Representatives from the Target Areas
 - [Komen Advocates in Science (AIS)]
 - [Komen disparity research grantees]



Review Process

- A **minimum of three review panel** members score each application
- Review Panel meets to determine the slate of programs to present to the Affiliate Board of Directors
- Board of Directors votes to approve the grants slate





Grant Writing Tutorial



Grant Writing Tutorial

- Developing a Proposal
- Writing an Abstract
- Developing Objectives
- Program Evaluation
- Budgeting
- Helpful Hints



Planning the Proposal

- **Read everything!**
- Consider the funding priorities carefully
- Read the Community Profile
 - <http://komenchicago.org/grants/applying-for-community-grants/funding-priorities-2/>
- Discuss ideas with decision-makers in your organization
- Explore opportunities for collaboration
- Work across departments to develop your proposal— **do not work in a silo**
- **START EARLY**
 - Allow time to craft an innovative application that is truly responsive to the identified needs in the community



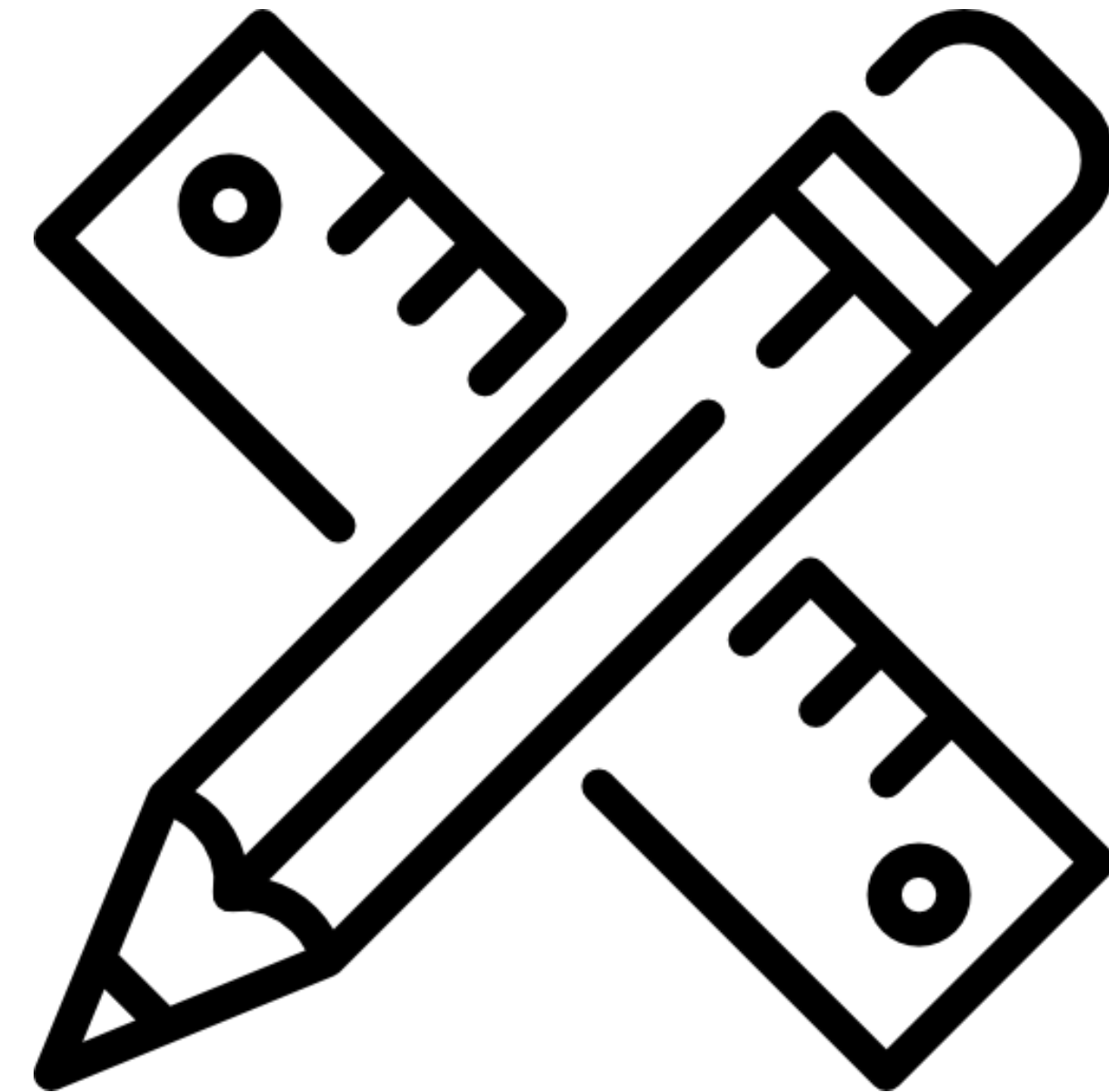
Proposal Abstract

- First impressions are important
- Brief statement of your “case” and a summary of your proposal
- **Be compelling & concise!**
- Include:
 - The need to be addressed by the project
 - A description of key activities that will be funded by Komen.
 - The target community served
 - The expected number of individuals served
 - The expected or resulting change(s) your project will likely bring in your community (outcomes) and how you will measure them (what metrics will be used)
- Do not exceed 1,000 characters (about 200 words)



Evaluation – Process Evaluation

- What happened
- How it happened
- How much
- Where
- To whom



Evaluation – Impact Evaluation

Changes in:

- Behavior
- Knowledge
- Attitudes
- Beliefs

Change among:

- Individuals
- Providers
- Organizations
- Communities



Budget & Expenses

- **Projects become reality because the central idea is sold, not because the proposal is cheap!**
- Be realistic! Ask for what you need.
- Justify expenses. Do your costs follow with narrative program description?



Helpful Hints

- Read the RFA carefully — follow ALL directions
- Be innovative, realistic, specific
- Write clearly, use active rather than passive voice
- Avoid jargon or acronyms
- Allow plenty of time



Applicant Support

Contact with questions:

- Taylor Becker
- Mission Coordinator
- 773-444-0061 ext. 101
- tbecker@komenchicago.org

Use the GeMS Applicant Manual to guide you through all steps of the application process, from user registration to application submission

Follow the steps in the GeMS Manual EXACTLY as written



Deadline

Application must be submitted by your organization's Authorized Signer no later than **November 28, 2016 (5:00pm cst)**

